

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

27621

1. PLACE OF DEATH

County St. Louis.

Township Carondelet

City Jefferson City, Mo.

Registration District No. 1123

Primary Registration District No. 6248B

(No. Veterans Administration Facility)

File No. 861

Registered No. 861

St. Ward

2. FULL NAME JOE TAYLOR

(a) Residence, No. 201 E. Prairie Ave., St. Louis, Mo. Ward

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred Un yrs. kn mos. OWN ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF Mrs. Louise Taylor
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 3, 1885

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, <u> </u> hrs. or <u> </u> min.
	<u>48</u>	<u>2</u>	<u>4</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer.</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Grand Avenue Dump, St. Louis, Mo.</u>
	10. Date deceased last worked at this occupation (month and year) <u>Abt. 1931</u>
	11. Total time (years) spent in this occupation <u>Unk.</u>

12. BIRTHPLACE (CITY OR TOWN) Pittsburg,
(STATE OR COUNTRY) Pa.

13. NAME John Taylor

14. BIRTHPLACE (CITY OR TOWN) Fredericksburg,
(STATE OR COUNTRY) Va.

15. MAIDEN NAME Annie ?

16. BIRTHPLACE (CITY OR TOWN) Richmond,
(STATE OR COUNTRY) Va.

17. INFORMANT C. H. SMITH, M.D., Clinical Director
(ADDRESS) Vet. Adm. Fac. Jeff. Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cemetery Aug. 20, 1933

19. UNDERTAKER Charles J. Gates
(ADDRESS) 4107 Finney Avenue

20. FILED Aug 9 1933 L. C. Obermeyer
LA Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from
July 24, 1933, to August 7, 1933

I last saw him alive on August 7, 1933 Death is said

to have occurred on the date stated above, at 2:30AM.

The principal cause of death and related causes of importance were as follows:

Aneurysm of the Arch of the
Aorta

Date of onset

Other contributory causes of importance:

Name of operation None Date of
Clinical, Laboratory & Autopsy
What test confirmed diagnosis? Findings Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. C. GIBSON, M.D., Manager, M. D.
Vet. Adm. Fac. Jeff. Brks., Mo.
(Address)

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1924-25
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